

DEPARTMENT OF INSURANCE

ADMINISTRATION & LICENSING SERVICES BRANCH

PRODUCER LICENSING BUREAU

320 CAPITOL MALL

SACRAMENTO, CA 95814

(800) 967-9331 OR

(916) 322-3555

(916) 327-6907 (FAX)

www.insurance.ca.gov

APPLICATION FOR REINSTATEMENT OF LICENSECHECK ONE OF THE FOLLOWING
REASONS FOR SUSPENSION_____
Business Name_____
Name of Qualified Manager☐ QUALIFIED MANAGER TERMINATED
☐ EXPIRED - FAILURE TO _____ License No. _____ Type of License
 RENEW FOR: _____

☐ OTHER: (Explain) _____ Date License Issued _____ Date Suspended _____

 Address of principal place of business (city) (zip) (area) telephone no.
 (cannot be a post office box number)

I hereby declare under penalty of perjury that during the period of suspension, applicant has not engaged in any practice, or committed any act, for which a license is required under Chapter 11, Business and Professions Code, that there has been no change in ownership or officers that has not been reported to the Bureau, and that the foregoing is a true and correct statement:

Date_____
Signature of Qualified Manager

ADDITIONAL REQUIREMENTS FOR REINSTATEMENT

In order for the Bureau to reinstate your license, it must receive the items checked below:

☐ Delinquent renewal fee in the amount of \$ ____.

☐ Reinstatement fee in the amount of \$ ____.

☐ Other:

Mail fees and documents to: Department of Insurance, P.O. Box 1139, Sacramento, CA 95812-1139.

Form 31R-3 (Rev. 01/2003)